

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9681</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>Neeltje</b> <b>G</b> <b>Davis</b> P O Box, Bldg Room No if any Street <b>2011 Margaret</b> City <b>Wichita Falls</b> State <b>Texas</b> ZIP Code + 4 <b>76306</b>	4 Name file number and address of labor organization Name <b>LIUNA Local 1168</b> Labor Organization File Number <b>064-508</b> P O Box Building and Room Number if any <b>318</b> Street <b>1401 Holliday Street</b> City <b>Wichita Falls</b> State <b>Texas</b> ZIP Code + 4 <b>76301</b>
5 Position in labor organization <b>Business Manager</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b. Amount.

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)		
Signed <b>Neeltje G Davis</b>	On <b>8/12/2005</b> Date	<b>(940) 855-2362</b> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8. Name and address of Business (including trade name if any)

Name Ohio Valley and Southern States LECET

Trade Name if any OVSS LECET

P O Box Bldg Room No if any 305

Street 25 Century Blvd

City Nashville

State Tennessee ZIP Code + 4 37214

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Ohio Valley and Southern States LECET

Trade Name if any OVSS LECET

P O Box Bldg Room No if any 305

Street 25 Century Blvd

City Nashville

State Tennessee ZIP Code + 4 37214

## 11 a Nature of such dealing

Laborers-Employers Cooperation and Education Trust (LECET) secures projects and jobs increases union-sector market share advertises their services develops a workforce and advances shared market-related interests

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

11/11/04  
Attended a reception sponsored by the LECET which included a meal

## 12 b Amount

\$46

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment.

13 b Is the Business an Employer ☐or Consultant ☐ ?

## 14 b Amount of payment.

August 12 2005



U S Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue NW  
Room N-5616  
Washington D C 20210

**Re Form LM-30 Filing for Neeltje Davis, Labor Organization File No 064-508**

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and review its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM 30 reporting provisions and in doing so, I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding, that in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM 30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

*Neeltje G Davis*  
Neeltje Davis